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A healthier way to meet people: the experiences of LGBT people exercising with a peer group.

Abstract

Background: Lesbian, Gay, Bisexual & Trans (LGBT) individuals have been shown to have poorer health when compared to those who identified as heterosexual. Additionally, they encounter barriers which deter participation in sports.

Aim: to understand the experiences of LGBT individuals who participate in physical activity with peers.

Method: an Exploratory-Descriptive Qualitative (EDQ) study with data collected via face-to-face interviews from 12 participants. Data was thematically analysed to identify findings.

Findings: exercising with peers represents a healthier way to meet people. Participants experienced improved physical, mental and social health.

Conclusion: engaging with a peer group for physical activity can have a transformational effect on members of the LGBT community, impacting upon all aspects of their wellbeing. Nurses, and other health professionals, should be aware of the multifaceted benefits that exercising with a peer group can have, using their regular interactions with this patient group to recommend peer supported exercise.

Key Words: LGBT health, exercise, peer support, qualitative research, marginalised groups

Introduction

This article reports on a qualitative research study which explored the experience of predominately LGBT people who have exercised with a peer group; in this case running. LGBT is an acronym for Lesbian, Gay, Bisexual and Trans. For the purpose of our study we used the Stonewall Scotland (2017) definition which states that 'Trans' is an umbrella term for individuals whose gender is not the same as the sex they were assigned at birth. It is recognised that there are lower levels of participation in physical activity within the LGBT community (Gorczynski & Brittain, 2016). ~~and~~ As such, nurses and healthcare professionals need to understand the experiences of this patient group in order to encourage LGBT patients to become active and enjoy the health benefits associated with physical activity (Gorczynski & Brittain, 2016). Our study aimed to understand the impact being part of an LGBT running group had on those who attended. To achieve this, we conducted face-to-face interviews with our participants with questions which explored: their previous relationship with exercise; the experience of running with the club for the first time; any benefits and any negative aspects or disadvantages of running with a peer group.

Background

NHS Health Scotland (2019) recommend that most people should aim to do at least 150 minutes of moderate physical activity per week. They also highlight that physical inactivity is a leading cause of premature death in Scotland and that work by the Scottish Government is ongoing to tackle health inequalities which impact upon the uptake of physical activity (NHS Health Scotland, 2019). The Scottish Government (2018) aims to create a multi-sectoral approach to ensuring opportunities exist to participate in physical activity, in which communities are empowered to play a key role in providing these opportunities. Nurses and other healthcare providers play a role by encouraging individuals to take ownership of their physical activity participation through brief interventions and referring people on to local activity groups.

Barriers to sports participation have been identified in the general population including lack of time, motivational issues and lack of facilities (McIntosh et al., 2016). The Equality Network's (2015) Scottish LGBT Sports Charter highlights that LGBT people encounter perceived or real barriers which result in them feeling that sport participation is not for them. This can be in addition to the barriers which impact people who identify as heterosexual.

A systematic review by Meads et al. (2012) found that the LGBT people tend to have poorer health, particularly mental health, when compared to those who identified as heterosexual. This finding was supported by the Stonewall (2018) LGBT in Britain Health report, which also highlighted areas of discrimination in healthcare provision and issues around smoking, alcohol and drug use. An additional point which Meads et al. (2012) emphasised was the overall lack of empirical research into the health of LGBT people in the UK. This appears to still be an issue as literature searching on electronic databases found little published research which is UK specific. Indeed, this could be a world-wide phenomenon. Gorczynski and Brittain (2016) highlighted that in a US report on LGBT health, which made a call for research into areas of health inequalities, the impact of physical activity to address these inequalities was absent. Gorczynski and Brittain (2016) also suggest that historically, and currently, LGBT individuals are excluded from health research which has resulted in a deficit of knowledge with regards physical activity interventions for this group of people.

In an EDQ study, the aim of the literature review is to demonstrate that little or no previous research has been undertaken on the group, process or activity under investigation and to highlight that there are clear areas of the phenomenon which remain unexplored (Stebbins, 2001, Hunter, 2017). Our review of the literature highlighted a clear need for this study.

Aim

This study aimed to address the clear gap in the literature by understanding the experiences of LGBT individuals in Scotland who have become active members of a sports club, in this case running, made up predominately of peers.

Methods

The methodology used in this study was an EDQ approach to research, as described by Hunter (2017). This methodology is appropriate when there is little or nothing known about the topic under investigation (Reid-Searl & Happell, 2012), as was the case here. Purposeful sampling was used to recruit participants. We aimed to recruit 15 participants in total but in the end, 12 individuals offered to take part. Table 1 describes the participant demographics. One participant identified as "straight". The researchers decided to incorporate this participant's responses to be as inclusive as possible. Data was collected via individual face-to-face interviews, following completion of a written consent form. These took place between February and April 2019 and were arranged at a time and place to suit the participants. Interviews were audio recorded and transcribed verbatim. The data collected was confidential but as the researchers were conducting the interviews it was not anonymous to them. Transcribed interviews were then analysed thematically by the researchers, following the guidelines provided by Braun and Clarke (2006). Pseudonyms are used below when direct quotes from participants are provided. The participants chose their own pseudonyms at the beginning of their interview so that they could recognise any quotes they provided when the research was published (Duers, 2013). This research was granted approval by the ethics committee at the University of the West of Scotland in June 2018.

Findings

The overall finding from our research was the idea that being part of an LGBT running club represented 'a healthier way to meet people'. Beyond that we identified three main themes:

'influence on physical health', 'influence on mental health' and 'influence on social health'. We recognised an interconnectedness between mental and social health and identified two sub-themes related to these (Figure 1). To ensure that their voices are heard, quotations from all 12 participants are used to illustrate the themes and sub-themes.

It became apparent that the overall finding from our research was the idea that the running club was a mechanism which allowed people within, and allies of, the LGBT community to meet away from the gay scene, which is commonly associated with alcohol, and to participate in an activity that was about improving all aspects of their wellbeing. This overarching finding also captures the fact that for the majority of the participants, the social interaction the club provides was just as important as the benefits to health.

The first theme we identified was the 'influence on physical health'. Our findings highlighted the positive influence being part of the running club had on physical health. Participants talked about noticing an overall improvement in their physical health as well as improved running performance/fitness and how the club had helped them achieve their running goals:

'And I'm a better runner, full stop, and probably in better health... as well' (Keith).

For one participant, this improvement in physical wellbeing related to a pre-existing medical condition. For this individual, bone density was affected by treatment for renal disease. Since becoming a regular runner, this issue has resolved:

'...now my bone density is back into the normal range, just from running, so there is a real, huge benefit to it...' (Fiona).

The second theme that we recognised was the 'influence on mental health'. 10 of the 12 participants were explicit in discussing this during their interviews. They described how being part of the running club had made a positive contribution to their mental health. For example, one participant stated:

'... you mentioned physical health side first, but I think for mental health it's been a bigger benefit for me' (Michael).

They also discussed how their overall mental health had improved, how they felt supported in the club and how any initial anxieties had been quickly overcome. Like Fiona's comment above, one participant linked his participation with the running club to significant improvements in his mental health:

'... previously I struggled with mental health issues; depression, anxiety and things like that and, now I don't take... I'm not medicated at all now for it... I think running has something to do with it' (Rod).

Clearly linked to the improvement in mental health highlighted by the participants was the concept of the different types of support gained by being a member of the club. This became apparent as participants talked about feeling supported during the physical process of running but also around some wider ideas of support such as: feeling welcomed; existing members offering support for new people attending for the first time; being involved in a wider mission to support and encourage LGBT people to participate in sport/exercise and support for slower runners:

'I've never been the fastest runner, I've always been one of the ones towards the back that's needed maybe more support to keep going... it's sort of good [that] you've got that' (Rodger).

In addition, participants highlighted that their emotional wellbeing was also improved by being a member of the running club. This included peer support when relationships had ended and help following bereavement:

'... it was certainly good when I look back at a time... it's good to have something there... my dad died during that year and it was just something that was, kind of, constant' (Phillip).

The third theme we identified was that of the 'influence on social health'. It also became clear to us that this theme was interconnected with that of 'influence on mental health' with participants often

discussing both aspects in response to the one question/prompt. The desire to make new social connections was highlighted as a driving force for many of our participants. Many participants talked about wanting to improve their health whilst simultaneously meeting new people. We found that most of our participants had made positive new connections, including some of a romantic nature:

'Meeting people. Em, I've... met really good friends... I've had a few dates come through [the club] as well' (Emily).

'So, I'd recently, em, split up with a long-term partner, em, and had to move out into a place on my own and it was partly as a way of trying to make new friends, meet new people. Em, that, that was a big part of the reason for joining [the running club] as well as the, the, actual running' (Gordon).

6 of the 12 highlighted the fact that they had made positive, new social connections through the club explicitly in their interviews. In addition, members liked the fact that being part of the club introduced them to new places around Glasgow, other parts of Scotland and, on club trips, to other countries. The impact on our participants' social health is further divided into two sub-themes. The first is 'seeing and accepting yourself through representation'. This sub-theme, which is also linked to 'influence on mental health', was identified as some participants discussed how joining the running club was a component in their personal journey of self-acceptance. Some participants highlighted that they had recently 'come out', when someone tells another person their sexual orientation (LGBT Youth Scotland, n.d.), and as such being a part of an LGBT running club had helped them accept their own sexuality:

'I was really very new to coming out... I think [a benefit of running with the club is] just becoming far more comfortable about being gay' (Bernadette).

'...another reason I joined the running group was so that I could be more, eh, comfortable with my own sexuality. I'm not out to my family. So, going out to gay bars and, eh, nightclubs... I didn't feel very comfortable in these settings. However, the running group, although being an LGBT

organisation, was still, ah, kind of, a nice way for me to be myself. It was during daytime hours. It was with people who were not drinking. So, I felt very comfortable and, on top of that, I was staying fit' (Mohammed).

Additionally, we found that participants were keen that the club continued to strive for diversity and representativeness, specifically by increasing the number of women, trans or black minority ethnic (BME) individuals who attend:

'I was probably wondering would there be any women at all in my group [faster paced] or would it just be entirely male... It's something I feel I want to support because it's [running] got this big gender imbalance...' (Margaret).

Our final sub-theme, and key finding of our study, was 'fostering a sense of belonging'. This sub-theme was clearly evidenced with 10 participants explicitly discussing it during their interviews. Participants talked about feeling welcomed into the club and how important that was to them:

'It was the first time I've ever felt like, properly, part of a wee community or I felt like fully 100% myself... It just made me feel like I belonged somewhere...' (Stewart).

'It was good to have people... and I felt relaxed around people who were... of similar experience, similar lifestyle to myself. I could connect in some way' (Phillip).

Participants also discussed being new to the LGBT community and keen to make new connections, away from the gay scene. As mentioned above, participants talked about being supported within the club and how that added to their sense of belonging.

Discussion

As our findings identified, participants recognised that running with a peer group had a positive influence on their physical health. McIntosh et al. (2016) highlights the impact physical activity can have on a person's physical health including improved cardiovascular health, reduced blood

pressure, improved blood lipid profile and enhanced insulin action. The participants from a UK ethnographic study by Shipway and Holloway (2016) also identified that improved physical health was an important motivation for runners. However, many of Shipway and Holloway's (2016) participants discussed weight issues and body image where, in our study, only 3 participants directly mentioned this. In addition, participants in our study highlighted that being part of a running club had helped them achieve their running goals. Whilst the mechanisms behind this finding may be linked to the idea of peer support, discussed below, it also became apparent that it was as a result of improvements in the physical fitness levels of our participants. This finding is supported by Nowak (2017) who suggests that motivation of runners includes the idea of them competing with themselves, overcoming their own limits and improving their overall physical fitness.

The majority of our participants discussed how their mental health had improved as a result of joining a running club. Commonly participants discussed issues around depression and anxiety disorders and how these had improved since becoming regular club runners. Stonewall (2018) highlight mental health issues in the LGBT community by stating that 52% of those surveyed had experienced depression in the previous year, with 61% experiencing an anxiety condition. With regards to running, our findings mirror Mikkelsen et al., (2017) who, in a review of the literature, identified that the physiological effects of exercising alleviated symptoms of anxiety, depression and stressed states. A large, cross-sectional study by Chekroud et al. (2018) also identified that individuals who exercised had 43.2% fewer days of poor mental health in the past month than those who did not. Interestingly, Chekroud et al. (2018) matched the participants in their two groups using a range of demographics including age, gender, race, marital status, income, education level, body mass index calculation, previously diagnosed depression and self-reported physical health. Sexual orientation was absent, reinforcing the point made by Gorczynski and Brittain (2016) regarding lack of LGBT representation in this type of research. The impact of peer support is highlighted in our findings. This included aspects such as being welcomed to the group and how peer support encouraged participation. However, it also extended beyond the running aspects of the club to

support following relationship breakdowns or bereavement. A qualitative study by Ceatha (2016) also identified the importance of peer support to LGBT wellbeing by providing encouragement during times of challenge. Additionally, Laukkanen (2018) highlights that a group exercise scenario, which offers emotional support, may facilitate increased commitment for regular physical activity by the participants regardless of factors such as age, sex or initial fitness level. These findings are important for nurses and other healthcare professionals as they support recommendations that they may make to patients regarding exploring group exercise to improve both physical and mental health.

The final theme that we identified was the 'influence on social health' with participants highlighting the importance of new social connections. This finding mirrors research by Stevinson et al. (2015) who found that an inclusive atmosphere and inherent social support encouraged participation in group running. Other aspects of the influence on social health were around issues of participants accepting their own sexuality and having a sense of belonging by being part of the running group. By being with like-minded peers, who have similar background histories, participation in an activity can be enhanced and self-esteem fostered (Ceatha, 2016). Our participants talked about their experience of running with a peer group as being a healthier way to meet people, away from the gay scene. The gay scene encompasses gay bars, pubs, clubs, events like Gay Pride, social meet-up groups, sports and hobby clubs and should provide a social space for people to be openly gay without fear of homophobia (BGIOK, n.d.). Emslie et al. (2015) highlight that alcohol use and misuse is higher in the LGBT community when compared with heterosexual populations and that alcohol is a central tenant of the commercial gay scene. It is therefore important to have alternative ways for LGBT people to meet and interact in a healthier environment. The sense of belonging our participants discussed is also present in the literature. Ceatha et al. (2019) highlight that in their study some participants identified their sexual orientation or gender identity as an incentive for joining a group established for, and maintained by, LGBT communities. Like our study, Ceatha et al. (2019) also found that LGBT community groups offered members social connections and a sense of

belonging away from the gay scene, and support for those coming to terms with their own identities. The positive socialising effects of exercising with a peer group, as highlighted above, can be used by nurses and other healthcare professionals as incentives and benefits to encourage patients towards regular exercise (Laukkanan, 2018).

Limitations

The findings of the study came from one LGBT running club in the West of Scotland. It is conceivable that participants from other clubs, either within the UK or internationally, would have had a different experience. Some participants from either end of the age spectrum may have made our sample more representative of the whole population. Considering other, non-running, LGBT sports clubs could have provided some additional perspectives.

Conclusion

Our study has shown the transformational power that engaging with a peer group for physical activity can have on members of the LGBT community. Whilst some of our findings around improvement in physical fitness were perhaps unsurprising, the richness of the responses and the heartfelt impact some of our participants described in relation to other aspects of their lives was. This was particularly true in relation to their social health, finding their place in the community and accepting themselves and their sexuality. Our research has also supported previous work in relation to how physical activity can improve mental wellbeing, and this is especially important in the LGBT community.

Recommendations

Nurses and healthcare professionals should encourage any LGBT patients they encounter to consider a peer group as an entry to physical activity. Regardless of why the health professional is interacting with the LGBT person, the benefits of peer assisted exercise to their physical, mental and social health can be discussed. Whilst our study took place with a running club, other LGBT groups exist

who offer a variety of different physical activities to suit a range of patient preferences. Organisations like LEAP Sports Scotland, Pride Sports UK and Out for Sport can be accessed online to direct patients towards local clubs.

Key Points

- NHS Health Scotland (2019) recommends 150 minutes of moderate exercise a week, nurses and other healthcare professionals should encourage this during routine patient interactions.
- Exercising with a peer group can improve the physical, mental and social health of LGBT people, thereby reducing their need for health and social care services.
- Nurses and other healthcare professionals have a key role to play in promoting health and well-being to everyone, including their LGBT patients.
- LGBT people can be signposted towards peer exercise groups through organisations such as LEAP Sports Scotland (<https://leapsports.org/>), Pride Sports UK (<https://pridesports.org.uk/>) and Out for Sport (<https://outforsport.com/>).

Reflective questions

Consider your own relationship with exercise and how it impacts your wellbeing. Do the health benefits identified in this study link to your own experience? If so, in what ways and how does it relate to your practice as a nurse/healthcare professional?

How can you support the LGBT patients you encounter to make healthier lifestyle choices?

What opportunities in your practice can you identify to promote LGBT health and wellbeing?

What local initiatives can you identify that could be similarly recommended?

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Conflicts of Interest

Both authors are current members of Glasgow FrontRunners. This study was self-funded by the authors.

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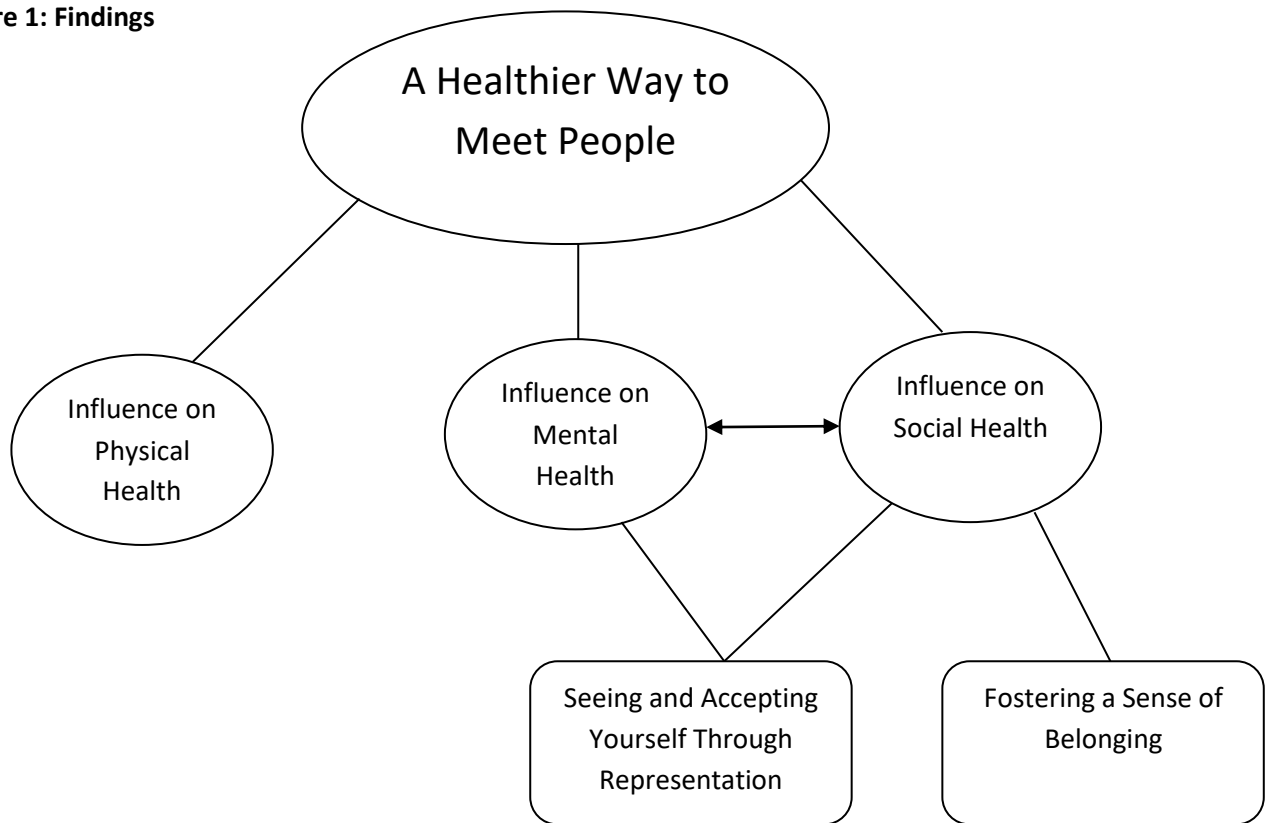
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Table 1: Participant Demographics						
Sexual Orientation*	Gay	Lesbian	Bi	Straight	No response provided	Number of participants
	7	3	1	1		12
Gender Identity*	Male	Female	Non-Binary			
	7	3	1		1	12
Age	18-24	25-34	35-44	45-54	55+	
		5	5	2		12
* Terms used to describe these characteristics were chosen by the participants themselves.						

Figure 1: Findings



Summary of revisions.

The following feedback was from reviewers and has been addressed as detailed below.

Reviewer #1:

A beautifully written piece. Excellent review of literature, application to subject and generation of new knowledge. Sensitive exploration of a very important issue. - no action required.

Reviewer #2:

I found this paper an interesting read and, as you pointed out yourselves, there is so little research into LGBT people's health needs. It was also interesting that you chose to look at the benefits of an LGBT running group.

This paper makes some interesting points about the positive aspects of being a member of an LGBT running group, and it was especially interesting that your study's findings were not just about the physical benefits of running, you highlighted the psychological and social benefits too.

I feel there are a few things that this paper would benefit from before publication, these would only be minor revisions.

On page 2 of your paper, under the heading "Introduction", you state, "It is recognised that there are lower levels of participation in physical activity within the LGBT community". This statement needs a reference to support it because it is the main thrust of your research. If there isn't a reference to support it, then please state so, it will support your argument that there is little research into LGBT health needs. - the supporting reference has been added to page 2. This sentence has been split into two shorter sentences with the word "and" removed.

You provide a conflict of interest statement, which I was very pleased to see, but you don't provide any information on how your study was funded. This information goes towards any conflict of interest. It also provides useful information for other researchers who may want to do research in this field. If you self-funded this research, this needs to be stated because it is more evidence that LGBT health needs are a low priority. - a statement has been added which clarifies that this research was self-funded by the authors.

You mention LEAP Sports Scotland, Pride Sports UK and Out for Sport in your text, but you don't provide their website addresses for any of these organisations. Most nurses reading your paper will not have heard of any of these organisations, too many of them will not have heard of LGBT sports groups. Providing these website addresses will ease nurses access to them and make this paper a resource as well. - websites have been added to page 12.

Once these minor changes have been made, I feel this paper will be ready for publication and it will add to the evidence of the health needs of LGBT people.

Also, as a follow-on study from this one, have you thought about researching the effect the lockdown has had on LGBT health? You already have a source you could draw on, the Glasgow FrontRunners.